

Microfilm Certification Form

This form is to be utilized when requesting the destruction of paper based records that have been microfilmed. It is to be submitted in conjunction with "*Request and Authorization for Records Disposal*" form.

Agency Name: _____

Address: _____

City: _____ *State:* ____ *Zip Code:* _____ - _____

Contact Name: _____

Certification

I HEREBY CERTIFY that the records listed on the attached "*Request and Authorization for Records Disposal*" form(s) have been microfilmed in accordance with the *Standards for Microfilming of Public Records as set forth in the New Jersey Administrative Code 15:3-3*.

Supervisor, Microfilm Unit:

Date:

Agency Head, Records Custodian, or Designate

Date: